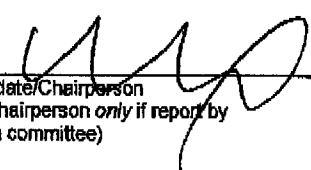


**CANDIDATE'S REPORT**

(to be filed by a candidate or his principal campaign committee)

<b>1. Qualifying Name and Address of Candidate</b> Justin K Cox P.O. Box 269 Fordoche La 70732		<b>2. Office Sought (Include title of office as well as parish, city, town and/or election district.)</b> District 11 Police Jury Pointe Coupee Police Jury	<b>OFFICE USE ONLY</b> 10/15 10-P 10/15 15007344
<b>3. Date of Primary</b> 10-24-15 This report covers from 9-15-15 through 10-4-15			
<b>4. Type of Report:</b> <input type="checkbox"/> 180th day prior to primary <input type="checkbox"/> 40th day after general <input type="checkbox"/> 90th day prior to primary <input type="checkbox"/> Annual (future election) <input type="checkbox"/> 30th day prior to primary <input type="checkbox"/> Supplemental (past election) <input checked="" type="checkbox"/> 10th day prior to primary <input type="checkbox"/> 10th day prior to general <input type="checkbox"/> Amendment to prior report			
<b>5. FINAL REPORT if:</b> <input type="checkbox"/> Withdrawn <input type="checkbox"/> Filed after the election AND all loans and debts paid AND no surplus funds remaining <input type="checkbox"/> Unopposed			
<b>6. Name and Address of Financial Institution</b> (You are required by law to use one or more banks, savings and loan associations, or money market mutual fund as the depository of all campaign funds.) Guaranty Bank New Roads La 70760		<b>7. Full Name and Address of Treasurer</b>	
<b>9. Name of Person Preparing Report</b> SAME Justin Cox <b>Daytime Telephone</b> 225 718 2428			
<b>10. WE HEREBY CERTIFY</b> that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted. This 6 day of OCTOBER 2015 Signature of Candidate/Chairperson  (To be signed by Chairperson only if report by principal campaign committee) Signature of Treasurer _____ Daytime Telephone _____		<b>8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY</b> a. Name and address of principal campaign committee, committee's chairperson, and subsidiary committees, if any (use additional sheets if necessary). 2015 OCT 15 PM 3:11 RECEIVED	

**SUMMARY PAGE**

<b>RECEIPTS</b>	<b>This Period</b>
1. Contributions (Schedule A-1)	0
2. In-kind Contributions (Schedule A-2)	0
3. Campaign paraphernalia sales of \$25 or less	0
4. <b>TOTAL CONTRIBUTIONS</b> (Lines 1 + 2 + 3)	
5. Other Receipts (Schedule A-3)	
6. Loans Received (Schedule B)	
7. Loan Repayments Received (Schedule D)	
8. <b>TOTAL RECEIPTS</b> (Lines 4 + 5 + 6 + 7)	

<b>DISBURSEMENTS</b>	<b>This Period</b>
9. Expenditures (Schedule E-1)	0
10. Other Disbursements (Schedule E-2)	
11. Loan Repayments Made (Schedule B)	
12. Funds Loaned (Schedule D)	
13. <b>TOTAL DISBURSEMENTS</b> (Lines 9 + 10 + 11 + 12)	0

<b>FINANCIAL SUMMARY</b>	<b>Amount</b>
14. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this election)	\$650
15. <i>Plus</i> total receipts this period (Line 8 above)	
16. <i>Less</i> total disbursements this period (Line 13 above)	
17. <i>Less</i> in-kind contributions (Line 2 above)	
18. Funds on hand at close of reporting period (Lines 14+15-16-17)	\$650

Form 102, Rev. 11/14